



## Resident Application Self-Supporting Student

Please complete the following four steps to receive consideration for residency reclassification:

1. Complete the application for reclassification as a resident student, properly execute before a Notary Public and return to the Registrar's Office, Grand Valley State University, Allendale, MI 49401.
2. Provide copies of any other documents which support your claim of residency in Michigan for at least six months (see residence policy for examples). Applications received without documentation will not be reviewed for residency.
3. Attach a written statement that would describe the circumstances that you wish to have considered with this appeal.
4. Applications for reclassification received prior to the 11<sup>th</sup> calendar day of the semester may be considered for the current semester.

Name in Full: \_\_\_\_\_ Student Number: G \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Local Address: \_\_\_\_\_

Are you a citizen of the United States? ☐ Yes ☐ No      If no, are you registered as an immigrant? ☐ Yes ☐ No  
*If yes, present immigrant identification card with this application.*

I have lived at the following addresses (list information covering at least the past six months):

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Are you married? ☐ Yes ☐ No      If yes, is your spouse employed in Michigan? ☐ Yes ☐ No

What is your present means of support? \_\_\_\_\_

If entirely self-supporting, how long have you supported yourself in Michigan? \_\_\_\_\_

I (and/or my spouse) have worked for the following Michigan employers (list information covering at least the past six months and present documentary evidence with this application):

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Gross Taxable Earnings: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Gross Taxable Earnings: \_\_\_\_\_

### AFFIDAVIT OF STUDENT

STATE OF MICHIGAN

COUNTY \_\_\_\_\_

\_\_\_\_\_ states: that the information provided above is accurate, that they are now a resident of \_\_\_\_\_ County in the State of Michigan and have been since \_\_\_\_\_, and that they have provided their sole support through income which they have earned in the State of Michigan since \_\_\_\_\_.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only  
Date \_\_\_\_\_

Term \_\_\_\_\_ Year \_\_\_\_\_  
Approve \_\_\_\_\_ Deny \_\_\_\_\_